

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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www.vetboard.az.gov

PREMISE LICENSE NAME CHANGE/SCOPE OF SERVICES CHANGE REQUEST FORM

CURRENT PREMISE INFORMATION:

Premise # _____ Premise Name: _____

Premise Address: _____
Street Address City State Zip Code

Mailing Address: _____
Street Address City State Zip Code

Premise Telephone #: _____

Reason for Premise License Change Request:

Name Change ☐

Change Premise Name to: _____

Scope of Service Change ☐

A.R.S. Section 32-2272(C).....If there have been major changes in the scope of Veterinary Services offered, the premises are subject to re-inspection.

Additions ☐ or Reductions ☐ in Service:

Which type of service is being changed? (check below)

Boarding ☐ Diagnostics ☐ Emergency Service (24hour) ☐ Emergency Service (not 24 hour) ☐

Grooming ☐ Housing ☐ Radiology ☐ Surgery ☐ Transporting patients ☐ Other ☐ _____

Mobile Unit ☐ – For the addition of a mobile unit license, please describe the services that will be offered. _____

Where will the services be performed? _____

Verify where the medical records for the mobile unit will be maintained. _____

Is the type of practice changing? Yes ☐ No ☐ If yes, check which category is applicable:

Large animals ☐ Small animals ☐ Exotics ☐ Avian ☐ Specialty ☐

Printed Name of Responsible Veterinarian _____ Date: _____

Signature of Responsible Veterinarian _____

Please note that your request will be submitted to the Board for approval